INDIVIDUAL MEDICARE SUPPLEMENT COVERAGE

Sold in New Jersey By

MUTUAL OF OMAHA

Telephone: 1-800-775-6000

PLAN INFORMATION				MEDICARE PART A HOSPITAL COSTS PLAN PAYS				MEDICARE PART A SKILLED NURS. FACILITY (SNF) COSTS PLAN PAYS			MEDICARE PART B MEDICAL COSTS (DRS., OUTPATIENT, ETC.) PLAN PAYS			OTHER PLAN PAYS				
Α	FNS 89.03 FS 96.25 MNS 102.33 MS 110.63		NONE		Yes	Yes	Yes					Yes		Yes				
С	FNS 160.54 FS 173.56 MNS 184.52 MS 199.49	Yes**	NONE	Yes	Yes	Yes	Yes	Yes			Yes	Yes		Yes	Yes			
F	FNS 148.62 FS 160.67 MNS 170.83 MS 184.68	Yes**	NONE	Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes	Yes	Yes			
G	FNS 103.17 FS 111.53 MNS 118.59 MS 128.20	Yes**	NONE	Yes	Yes	Yes	Yes	Yes				Yes	Yes	Yes	Yes	Yes		

^{*} FNS = FEMALE NON-SMOKER FS = FEMALE SMOKER MNS = MALE NON-SMOKER MS = MALE SMOKER NON-SMOKER RATES APPLY TO APPLICATIONS SUBMITTED DURING THE 6-MONTH OPEN ENROLLMENT PERIOD.

^{**} SOME APPLICANTS MAY NOT BE ABLE TO PURCHASE THIS PLAN AFTER THE OPEN ENROLLMENT PERIOD.